

Equity, Diversity, and Inclusiveness in Cardiovascular Medicine and Healthcare

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As noted by JAHA Editor-in-Chief Barry London¹, the views presented in the recently retracted article “Diversity, Inclusion, and Equity: Evolution of Race and Ethnicity Considerations for the Cardiology Workforce in the United States of America From 1969 to 2019”^{2,3} do not reflect the views of the JAHA Editorial Board, the Editor-in-Chief, or the American Heart Association. We, the JAHA editors, are strong advocates of increasing equity, diversity and inclusiveness in cardiovascular medicine and in healthcare broadly.

In direct contradiction to its title, the retracted article by Wang misrepresented facts to argue against affirmative action in the field of cardiology. Ample evidence supports the notion that diversity does indeed improve care and outcomes.⁴⁻⁶ Some of the proposed benefits associated with increased diversity in healthcare include, but are not limited to, improvement in the quality of care through increased patient satisfaction and trust, enhancement in the level of cultural competency in healthcare, expanding minority patients’ access to and utilization of healthcare services, increasing access to care for geographically underserved communities, as well as improvement in research.⁶

We also wish to reiterate that while we welcome independent viewpoints, it is with the goal of creating an open dialogue and not a misrepresentation of evidence. Medicine is a field devoted to the care and support of others. It is a field that should be inclusive of all, and when that is achieved, will better succeed in improving the lives of all we touch and society as a whole. That is what we are here for and what we strive to accomplish.

We deeply regret that this article was published and are grateful to the medical community for assisting in correcting this error. We are carefully examining our review and editorial process to identify steps that may have failed, and working to rectify them for the future. We support all efforts to improve the peer review and editorial process, and further promote diversity, inclusion, and equity in medicine and cardiology.

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